



PREVENTION AND EARLY INTERVENTION COMMITTEE GOALS, ROLES, AND RESPONSIBILITIES

- 1. The goals of the Mental Health Services Act (MHSA) Prevention and Early Intervention Programs are reflected in Part 3.6 (Prevention and Early Intervention Programs) of the MHSA. Pertinent aspects of Part 3.6 for the Mental Health Services Oversight and Accountability Commission (MHSOAC) as well as the MHSOAC Prevention and Early Intervention Committee are summarized below:**
 - The Program must be designed to prevent mental illnesses from becoming severe and disabling. The program shall emphasize timely access to services for underserved population.
 - The Program shall include the following components:
 - a) Outreach to and engagement of consumers, families, employers, primary health care providers and others
 - b) Access and linkage to medically necessary care provided by county mental health
 - c) Reduction in stigma
 - d) Reduction in discrimination against people with mental illness
 - The Program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness, and also a 'failed first' Mental Health System in a society that does not recognize its spiritual community responsibility to assist persons with mental health issues:
 - a) Suicide
 - b) Incarcerations
 - c) School failure or drop out
 - d) Unemployment
 - e) Prolonged suffering
 - f) Homelessness
 - g) Removal of children from their homes
- 2. The Mental Health Services Oversight and Accountability Commission Responsibilities in Prevention and Early Intervention**

The Responsibilities of the Mental Health Services Oversight and Accountability Commission in the area of Prevention and Early Intervention as defined by the Act in Part 3.7 include:

- Develop strategies to overcome stigma and accomplish all other objectives of Part 3.6.
- Outline the Programmatic Guidelines for all county, regional, and statewide plans in the Prevention and Early Intervention component of the MHSA.
- Ensure the MHSOAC Programmatic Guidelines are reflected in DMH policies that guide Prevention and Early Intervention program design and implementation.
- Establish and implement a process for reviewing, approving, and monitoring implementation of all statewide, regional and county plans for the Prevention and Early Intervention component of the MHSA.

3. The Role of the Mental Health Services Oversight and Accountability Commission Prevention and Early Intervention Committee

The key roles and responsibilities of the Mental Health Services Oversight and Accountability Commission (MHSOAC) Prevention and Early Intervention Committee, are to work in collaboration with mental health consumers; families of children, youth, adults and older adults; the broader public whose efforts supported the passing of the Mental Health Services Act; the State Department of Mental Health and County Departments of Mental Health, to develop and promulgate the vision, priorities, principles, and guidelines for MHSA prevention and early intervention plans and programs, and to establish and implement the criteria and processes to be used for the review and approval of requests for the funding of prevention and early intervention programs as well as the monitoring of performance. The Prevention and Early Intervention Committee will ensure that in fulfilling its responsibilities in the area of Prevention and Early Intervention, the MHSOAC is building on the expertise, skills and experiences of the broader community. This includes: consumers, family members of children, transition age youth, adults, and older adults, mental health professionals, researchers, other human service professionals, primary care providers, representatives of foundations focusing on health and wellness, and advocates focusing on social determinants of health and wellness. Upon completion of a collaborative and inclusive process as defined above, the guidelines and the plan for the review and approval of prevention and early intervention plans as well as for the monitoring of performance, will be submitted to the full MHSOAC for review and approval.

4. The Key Responsibilities of the Mental Health Services Oversight and Accountability Commission Prevention and Early Intervention Committee

- In order to enhance the capability of the Prevention and Early Intervention Committee members and all Commissioners to fulfill their responsibilities in the area of Prevention and Early Intervention, the Committee will develop an in-service training for the Prevention and Early Intervention Committee members, Commission members and interested stakeholders, to be educated about Prevention and Early Intervention programs. This in-service training will be planned by the MHSOAC Prevention and Early Intervention Committee Members with input from and collaboration with interested

stakeholders. This in-service training will include content about the substance of such programs, their effectiveness, and mechanisms to evaluate their performance, validity, reliability, and relevance of existing research findings. The in-service training will include exposure to:

- a) Culturally and linguistically competent approaches to prevention and early intervention programs;
 - b) Prevention and early intervention programs that emphasize improving timely access to services for underserved populations;
 - c) Prevention and early intervention programs that include outreach to consumers, families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illness; and
 - d) Prevention and early intervention programs that reduce stigma associated with either being diagnosed with a mental illness, seeking mental health services, or being a recipient of mental health services.
- In collaboration with the stakeholders and others indicated in #3 above, the MHSOAC Prevention and Early Intervention Committee will establish Guidelines, Principles, and Policies that all applicants for Prevention and Early Intervention funding under the MHSA must follow in order to be considered for approval, including:
- a) Outreach to consumers, families, employers, primary health care providers and others
 - b) Access and linkage to other health and human services in the community
 - c) Reduction in stigma and discrimination against people with mental illness
- In collaboration with the stakeholders and others indicated in #3 above, the MHSOAC Prevention and Early Intervention Committee will establish a plan for Review and Approval of Prevention and Early Intervention proposals for funding. The plan will include a mandate to comply with all components of the Prevention and Early Intervention Program including:
- a) Ensuring participation of consumers, families, employers, primary health care providers and others.
 - b) Systems to create access and linkages to care provided by county mental health and other mental health, medical care and social service providers.
 - c) How reduction in stigma will be accomplished.
 - d) How the prevention and early intervention programs that are being proposed will address the problems indicated in part 3.6 of the MHSA.
- In collaboration with the stakeholders and others indicated in #3 above, the MHSOAC Prevention and Early Intervention Committee will establish a plan for Monitoring Post-Implementation Compliance with the Programmatic Guidelines.
- In collaboration with the stakeholders and others indicated in #3 above, the MHSOAC Prevention and Early Intervention Committee will establish Standards for the following

activities in accordance with the requirements of the MHSOAC Cultural and Linguistic Competence Work Plan:

- a) Cultural and Linguistic Competence Standards for ethnic-specific anti-stigma campaigns.
- b) Cultural and Linguistic Competence Standards for all statewide/ regional public mental health education campaigns.
- c) Cultural and Linguistic Competence Standards for review of all statewide, regional, or county Prevention and Early Intervention Plans.
- d) All Cultural and Linguistic Competence Standards to clearly define the role of consumers and family members reflecting all of California's racially, ethnically, and culturally diverse communities and representing the full lifespan spectrum.

5. Prevention and Early Intervention Meetings and Attendance

- The Prevention and Early Intervention Committee will hold public meetings that shall follow the rules laid out in the Bagley-Keene Open Meetings Act (Government Code Sections 11120 – 11132).
- The Prevention and Early Intervention Committee shall, until a lesser frequency is appropriate, meet at least monthly, except in December. Meetings shall be anywhere from one-half day to a full day at the discretion of the Co-Chairs. Committee meetings will generally occur the morning of or the day prior to full MHSOAC meetings. As required to accommodate training needs, the Prevention and Early Intervention Committee may hold 2-day consecutive meetings up to 3 times per year.
- The Prevention and Early Intervention Committee Co-Chairs expect its members to attend Prevention and Early Intervention Committee meetings and be present for the entire meeting.
- More than one absence without notice or three absences with notice in a calendar year may be cause for the Co-Chairs to request a Committee member's resignation. Notification is identified as a telephone, email, or in-person contact with one of the Committee Co-Chairs, or the MHSOAC Executive Director, prior to the start of a Committee meeting.
- All plans that will go to the full MHSOAC for review, discussion, and approval must have received a majority vote from the Prevention and Early Intervention Committee. No document will be forwarded to the full MHSOAC from the Prevention and Early Intervention Committee unless that document has been reviewed by each member of the Prevention and Early Intervention Committee.

6. Prevention and Early Intervention Committee Staff

- Due to the primary responsibilities of the MHSOAC in the area of Prevention and Early Intervention, the primary staff person for the MHSOAC Prevention and Early

Intervention Committee will have significant knowledge, background, and expertise in both mental health and public health prevention and early intervention models and approaches.

7. Prevention and Early Intervention Committee Planning

- At the beginning of each calendar year, the MHSOAC Prevention and Early Intervention Committee will establish an Annual Work Plan, that includes:
 - a) Goals for the year
 - b) Objectives for the year
 - c) Appropriate Timelines

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